## UNITED STATES DISTRICT COURT

for the

OSTERHAUS PHARMACY, INC., on behalf of itself and all others similarly situated,	) ) )				
Plaintiff(s)					
v.	Civil Action No.				
UNITEDHEALTH GROUP INCORPORATED; OPTUM, INC.; OPTUMRX, INC.; OPTUMRX HOLDINGS, LLC,	) ) ) )				
Defendant(s)	)				
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address) UnitedHealth Group Incocolor (Confederation Registered Agent CT Corporation System In 1010 Dale Street N St. Paul, MN 55117					
A lawsuit has been filed against you.					
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Beth E. Terrell, WSBA No. 26759  Terrell Marshall Law Group PLLC 936 N 34th Street, Suite 300  Seattle, WA 98103 (206) 816-6603 bterrell@terrellmarshall.com					
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.					
	CLERK OF COURT				
Date:					
	Signature of Clerk or Deputy Clerk				

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## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name	of individual and title, if any)			
was rec	ceived by me on (date)	·			
	☐ I personally served the	he summons on the individual	at (place)		
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or  ☐ I served the summons on (name of individual), who				
	designated by law to accept service of process on behalf of (name of organization)  on (date)  ; or				
	☐ I returned the summo	ons unexecuted because			
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
Date:					
	Server's signature				
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: